## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/520131

CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
_		<u> </u>	(Column 1) (Column 2)		7		T 555	7	DATE	555		
U.	S. NATIONAL	STAGE FEES					]	RATE	FEE	4	RATE	FEE
ВА	SIC FEE		SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT / (4) = \$ 50	/ \$ 100	1	ther situations = \$ 100 / \$ 200		EXAM, FEE		]	EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		1	ther situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			min	us 100 =		<b>/</b> 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			45 minus 20 = .			25		X \$ 25 =		OR	X \$ 50 =	1250
INDEPENDENT CLAIMS			( minus 3 = ,		*	3		X \$ 100 =	İ	OR	X \$ 200 =	600
MU	LTIPLE DEPEN	DENT CLAIM PR	ESENT			1		+ \$ 180 =		OR	+ \$ 360 =	360
	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	3/10
<b>*</b>		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT	(Column 2  (Column 2  HIGHEST  NUMBER  PREVIOUSL  PAID FOR			(Column 3) PRESENT EXTRA		SMALL E	ADDI- TIONAL FEE	OR	OTHER SMALL E RATE	
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		=	İ	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPI	ENDENT C	CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE	,	ÓR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				•		ADDI-
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
										OR	TOTAL ADDIT. FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

	REQUEST FOR PATENT FE	E REF	UNĐ U	7520	131			
1 Da	te of Request: 8-3-05 2 Seri	ial/Pa	tent	#				
3 Ple	ease refund the following fee(s):	4 PAPER NUMBER		5 DATE FILED	6 AMOUNT			
	Filing	/		1-3-05	\$400 50			
	Amendment				\$			
	Extension of Time				\$			
	Notice of Appeal/Appeal				\$			
	Petition				\$			
	Issue				\$			
	Cert of Correction/Terminal Disc.				\$			
	Maintenance				\$			
	Assignment				\$			
	Other				\$			
		7 TOTAL AMOUNT OF REFUND \$			\$ 180			
		8 TO BE REFUNDED BY:						
10 RE	ASON:	Treasury Check						
	Overpayment		С	redit Depo	osit A/C #:			
	Duplicate Payment		9 /	9 4	880			
	No Fee Due (Explanation):							
1								
·								
11 REI	FUND REQUESTED BY:							
TYPE	CD/PRINTED NAME:		T	ITLE:				
SIGN	PATURE:		Pi	HONE:				
OFFICE:								
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPR	OVED:	DATI	DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B